



MAIL THIS APPLICATION AND FEE TO:

<u>Department of Food and Agriculture</u> <u>PESTICIDE BUREAU, Suite 500</u> <u>251 Causeway Street, Boston, MA 02114-2151</u>

SCANNABLE FORM: IN ORDER TO AVOID RETURN OF FORM PLEASE PRINT NEATLY IN BLACK PEN ONLY

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5. HISTORY

1. Have you been found in violation of any statute or regulation pertaining to the use, distribution, or application of pesticides in Massachusetts or any other state in the past(5) years?								
O Yes O No								
If YES, please explain in brief								
This is the:								
O First time I have ever taken this exam								
O Second time I have taken this exam								
O Third time I have taken this exam								

6. SIGNATURE AND DATE

MAIL A CHECK OR MONEY ORDER MADE PAYABLE T	TO "THE COMMONWEALTH OF MASSACHUSETTS" TO THE: Department of Food and Agriculture PESTICIDE BUREAU, Suite 500 251 Causeway Street Boston, MA 02202								
I attest that I will be 18 years of age as of the date of the exam that I have indicated and all of the information contained in this form is true									
SIGNATURE:	DATE:								

FEES AND CATEGORIES

Applicator License Exam: \$25
Dealer License Exam: \$50
Commercial Certification Exam: \$50
Private Certification Exam: \$50

PLEASE DO NOT MAIL CASH

COMMERCIAL CERTIFICATION PRIVATE CERTIFICATION

CATEGORY	MA State Code	<u>Category</u>	MA State Code
Aerial	(34)	Cranberries	(30)
Agriculture	(33)	Dairy/Livestock	(24)
Aquatic	(39)	Greenhouse	(26)
Demonstration and Research	(49)	Poultry	(28)
Food Processing	(50)	Nursery	(29)
Forest	(35)	Sod	(32)
Fumigation	(42)	Small Fruit	(27)
General Pest Control	(41)	Tree Fruit	(25)
General Public Health	(46)	Vegetable	(31)
Mosquito and Biting Fly Contr	col (47)		
Regulatory	(48)		
Rights of Way	(40)		
Sewer Root Control	(55)		
Seed Treatment	(38)		
Shade Trees and Ornamentals	(36)		
Site Sanitation	(45)		
TBT	(54)		
Termite and Structural Pest (Control (43)		
Turf	(37)		
Vertebrate Pest Control	(44)		
Wood Preservative	(52)		